

INSPECTION REPORT COMPANY OWNED MOTOR VEHICLES

DATE: _____
 EXACT ODOMETER READING: _____
 MAKE: _____ COLOR: _____ MODEL: _____
 OFFICE/BRANCH LOCATION: _____
 CAR ASSIGNED TO: _____ DEPT: _____

Indicate Dents, Severe Scratches, Chipping, Paint Condition or Rust on the following:

FENDERS: _____

BODY: _____

BUMPERS: _____

GRILLE: _____

GLASS: (cracks or pitting) _____

	CONDITION			TIRES		
	Satisfactory	Unsatisfactory		% worn	uneven wear	cuts
Head lights	_____	_____	Rt. Front	_____	_____	_____
Tail lights:	_____	_____	Lft. Front	_____	_____	_____
Brake Lights:	_____	_____	Rt. Rear	_____	_____	_____
Turn Signals:	_____	_____	Lft. Rear	_____	_____	_____
Horn:	_____	_____	Spare	_____	_____	_____
Wipers:	_____	_____	Snows R	_____	_____	_____
Hose connections:	_____	_____		L	_____	_____
Steering System:	_____	_____				
Brake System:	_____	_____				
Oil Level:	_____	_____				
Rough Idling:	_____	_____				
Upholstery	_____	_____				
Carpet/Floor Mats:	_____	_____				
Glass: (Inside & outside)	_____	_____				

REMARKS: (Include Explanation of All Unsatisfactory Conditions Noted Above)

DATE: _____ **SIGNATURE:** _____